PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



			or <u>I</u>		(703) 746-4000		
INSTRUCTIONS: This for appropriate. All further con indicated unless corrected be maintenance fee notification	elow or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and l ders and noti) specifying a	PUBLIC fication a new c	CATION FEE (if req of maintenance fees orrespondence addres	uired). Blocks 1 through 5 will be mailed to the currents; and/or (b) indicating a sep	should be completed what correspondence address parate "FEE ADDRESS"
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change 25889 7590 10/13/2004			e of address		Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission.		
WILLIAM COLI COLLARD & ROE 1077 NORTHERN ROSLYN, NY 115	OH OH	ME 7 5 2004 W		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.			
12/16/2004 EAREGAY2 000					1. Mitten	Corf (Depositor's na	
FC:2501 700.00 0P FC:8001 30.00 0P						12-10-	(Signat
APPLICATION NO.	FILING DATE	FIRST NAMED INVI		INVEN	ITOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/002,545	10/26/2001	Helmut Ludl				LUDL-2	3778
TITLE OF INVENTION: A	· · · · · · · · · · · · · · · · · · ·			SCOPE			
APPLN. TYPE	SMALL ENTITY		ISSUE FEE		JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	sees 760		\$0	\$685 70C	01/13/2005
EXAMINER		ART UNIT		CI	LASS-SUBCLASS]	
NGUYEN, THONG Q		2872			359-392000		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of of this form is NOT	data will appe a substitute	ear on t		nee is identified below, the	document has been filed
Ludl Electronic Products, Ltd. Hawthorne, New York							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
Publication Fee (No small entity discount permitted) Advance Order - # of Copies 10 The Director is hereby authorized by charge the required fee(s), or credit any over Deposit Account Number 05-24-68 (enclose an extra copy of this form							r credit any overpayment
5. Change in Entity Status (from status indicated above		Deposit Acco	ount Nu	mber <u>09-24 68</u>	(enclose an extra	copy of this form).
	IALL ENTITY status. See 3					LL ENTITY status. See 37	
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	dification ree (if required) w	ill not be accented	trom anvone	y) or to other th	re-apply any previous nan the applicant; a reg	sly paid issue fee to the applications of a strong strength attorney or agent; or	cation identified above. the assignee or other part
Authorized Signature	Edeverd	reelm	Ou_	,	Date	Deemply	10,2004
Typed or printed name	POWARD	4 K 66	7)11(0	m	Registration		7 8
This collection of information an application. Confidentialit submitting the completed applications form and/or suggestions Box '1450, Alexandria, Virginia Alexandria, Virginia 22313-1	y is governed by 35 U.S.C. olication form to the USPTC for reducing this burden, should be 22313-1450. DO NOT S	122 and 37 CFR 1	14 This call	laction i	c actimated to take 13	minutes to assumble incluid	ina anthonian managan

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.